

6TL0CHNC3C
20-03902


WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document #	Agency Crash Number 20-03902	Investigating Officer/Deputy SERGEANT J. SABOL	
Crash Date 04/26/2020		Crash Time 03:41 PM	Date Arrived 04/26/2020	Time Arrived 03:41 PM	
Date Notified 04/26/2020		Time Notified 03:41 PM	Total Units 01	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram 	Reconstruction By
	Photos By SABOL
	Additional Information NONE, PHOTOS

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

OPERATOR ON UNIT 1 WAS NORTHBOUND ON STH 113 WITH A 4 MOTORCYCLES, THREE AHEAD AND 1 BEHIND. AFTER COMING DOWNHILL, OPERATOR WAS NEAR THE RIGHT SHOULDER AND "WAS TO CLOSE TO THE EDGE AND GOT SUCKED" INTO THE GRAVEL. UNIT 1 STARTED TO FISHTAIL ONCE LEAVING THE ROADWAY. AFTER ATTEMPTING TO GAIN CONTROL OF UNIT 1 FOR APPROX. 150 FEET, UNIT 1 CRASHED IN THE RIGHT SHOULDER/DITCH AREA. ACCORDING TO WITNESSES, OPERATOR OF UNIT 1 FLEW OVER THE HANDLE BARS AND LANDED ON GROUND, SUFFERING A HEAD INJURY. OPERATOR WAS ALERT AND CONS. AT THE SCENE AND WAS TRANSPORTED BY EMS TO LOCAL HOSPITAL. DRIVER ESTIMATED SPEED PRIOR TO CRASH AT ABOUT 40MPH. END OF REPORT

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Location

ON STH113 NB 0.42 MI E OF CTHDL SB IN THE TOWN OF GREENFIELD IN SAUK COUNTY	Latitude 43.427522827	Longitude -89.68959354
	X Coordinate 282297.1875	Y Coordinate 4811806
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event DITCH	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification M CLASS		Unit Type MOTORCYCLE	
	Vehicle Type MOTORCYCLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input checked="" type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With DITCH	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE LEFT		Road Grade DOWNHILL	
	Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 908GL	Plate Type HAR - HARLEY DAVIDSO	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1HD4CJM164K445322	Make HARLEY DAVIDSON	Year 2004	Model XL883C
		Color SIL - SILVER (ALUMINUM)	Body Style MC - MOTORCYCLE		Bus Use
		Initial Contact Point 12 - FRONT	Vehicle Damage		
		Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS		

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILED TO KEEP IN DESIGNATED LANE			
01	01	Owner Name HELEN R FOULK (608) 316-0624		Owner Address 9697 STATE ROAD 19 MAZOMANIE, WI 53560 , US
Sequence Of Events				
	01	Event DITCH		
	02	Event		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company HARLEY DAVIDSON INSC		Individual HELEN FOULK	
UNIT INDIVIDUAL	Individual			
	Driver HELEN R FOULK (608) 316-0624		Citations Issued 0	Sex FEMALE
	Address 9697 STATE ROAD 19 MAZOMANIE, WI 53560 , US		Date of Birth	Race WHITE
			Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	Protective Gear NONE
	Helmet Use NO		Helmet Compliance UNKNOWN	
	Eye Protection YES: WORN		Tint Compliance UNKNOWN	
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag NOT APPLICABLE
	Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND		EMS Agency Identifier 6000368	EMS Run # 0000
	Hospital ST CLARE HOSP		Date of Death	Time of Death
	Distacted By		Distacted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distacted By Action NOT DISTRACTED			

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UNIT	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other					
	To/From School					
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					